

Edu-inter - Registration Form 2014 - Teenagers

1 Personal Information

Name: _____ Family Name: _____ Date of birth (dd/mm/yy): _____

Nationality: _____ ☐ Male ☐ Female

Address / City: _____

Postal Code / Country: _____

Telephone: _____ Fax: _____

E-mail: _____

Agency & Contact: _____

French Level
☐ Beginner ☐ Intermediate ☐ Advanced

Emergency Contact

Name: _____ Family Name: _____ Relationship: _____

Telephone: _____ E-mail: _____

2 Package

Select your Program

Multi-Activity Package	<input type="checkbox"/> Homestay 3 meals/day	<input type="checkbox"/> Residence 3 meals/day
French & Dramatic arts	<input type="checkbox"/> Homestay 3 meals/day	<input type="checkbox"/> Residence 3 meals/day
French & Music	<input type="checkbox"/> Homestay 3 meals/day	<input type="checkbox"/> Residence 3 meals/day
French & Cinema	<input type="checkbox"/> Homestay 3 meals/day	<input type="checkbox"/> Residence 3 meals/day
French & Circus	<input type="checkbox"/> Homestay 3 meals/day	<input type="checkbox"/> Residence 3 meals/day
French & Multi-sport	<input type="checkbox"/> Homestay 3 meals/day	<input type="checkbox"/> Residence 3 meals/day
French & Tennis	<input type="checkbox"/> Homestay 3 meals/day	<input type="checkbox"/> Residence 3 meals/day
French & Horse riding	<input type="checkbox"/> Homestay 3 meals/day	<input type="checkbox"/> Residence 3 meals/day
French & Figure skating	<input type="checkbox"/> Homestay 3 meals/day	<input type="checkbox"/> Residence 3 meals/day

Accommodation

Arrival date (dd/mm): _____

Departure date (dd/mm): _____

Duration (in weeks) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

All packages have a duration of **1 to 6 weeks** from **June 30th** to **August 8th**.

Start dates

☐ 06/30 ☐ 07/07 ☐ 07/14 ☐ 07/21 ☐ 07/28 ☐ 08/04

Host family preferences

Allergies to pets: _____

Food allergies or restrictions: _____

- ☐ I can live with smokers.
- ☐ I can live with a family with children.
- ☐ I can live with pets.

Edu-Inter will take your preferences into account.
Only restrictions and allergies are guaranteed.

Medical Insurance

Arrival date (dd/mm): _____

Departure date (dd/mm): _____

Number of days: _____

Airport Pick-up

Arrival date (dd/mm): _____

Time: _____ ☐ AM ☐ PM

Airport: _____

Airline: _____

Flying from: _____

Flight number: _____

Total : _____ \$ CAD

Paid by : ☐ Certified Check or Bank Draft in CAD☐ Bank Wire Transfer☐ VISA☐ Mastercard

An additional 3% will be charged to all payments done with credit card

Card Holder : _____

CC :

Expiry Date : ____ / ____

Bank Account Details

Bank Name : HSBC Canada

Address : 2795, boulevard Laurier

Account Name : Edu-inter inc.

Transit or Branch : 10171-016

Telephone : 418 650-0550

Quebec QC Canada G1V 4M7

Account Number : 095839001

Swift : HKBCCATT

☐ I hereby certify that the above information is true and complete.☐ I have read and understood the attached Terms and Conditions and Refund Policies.☐ I authorize Edu-inter to use photographs and videos of me for media and promotional uses and release all interests, including royalties, proceeds and other benefits derived from such photographs and videos.**Please send your certified cheque or bank draft in Canadian dollars to the following address :**Edu-inter
755, Grande Allée Ouest
Quebec QC Canada G1C 1C1

Signature (parent or guardian) : _____

Date (dd/mm/yy) : _____

IMPORTANT: Programs of 4 weeks or less must be paid or less must be paid in advance and in full. All payments are in \$ CAD. Prices are subject to change without notice.

TERMS, CONDITIONS AND POLICIES**Minimum Age**

Students must be 12 to 17 years of age to enrol in any Teen French Program in Quebec City.

Afternoon program

An afternoon program can be taken in combination with the morning Core French program for teens. An afternoon program cannot be taken independently.

Custodianship Services

A custodian located in Canada is required for all unaccompanied minors who need to apply for a visa to enter Canada.

Tourist visa

Edu-inter recommends that you consult the Canadian embassy or consulate in your country of residence for information regarding the entry procedure to Canada. You may require a Temporary Resident Visa to visit Canada. Canadian authorities will tell you how to proceed.

Medical Insurance

Health insurance is mandatory for all visitors from outside of Canada. Upon your arrival at Edu-inter and prior to the start of your course, you will be asked for a proof of medical insurance. If you do not have obtained proper medical insurance, Edu-inter can arrange it for international students upon their arrival. Canadian students are covered for emergencies in Quebec through their provincial health plan.

Validity of Fees – Summer 2014These rates will be valid from November 1st to August 8th. Please note that for registrations for the summer 2014 received up to October 2013, are invoiced at the rate of 2013.**Accommodation**

Homestay or residence accommodation normally begins the Sunday prior to your start date and ends the Saturday immediately following your last class. Accommodation is invoiced on a per night basis. When students require additional nights in residence, they must participate in all mandatory excursions and activities; these will be added to the invoice.

Registration and Confirmation Procedure

You may get our registration form by making the request to Edu-inter. Send the form duly completed by mail, email or fax. Upon reception of your registration, we confirm your registration and send your invoice. Your invoice includes the total amount of your French immersion stay. The registration must be confirmed with a minimum deposit of 20% of the amount of the total invoice or \$400, whichever is highest.

Letter of Acceptance

If you need a tourist visa to enter Canada, Edu-inter sends you a "letter of acceptance" as soon as we receive the minimum deposit. The letter of acceptance may be required by the Government of Canada to process your visa application.

Administrative Fees

This \$400 fee covers the administrative costs relating to the registration process, and preparations required for receiving the student into the program. This fee is included in the package program.

Accommodation Changes

Students' natural parents may ask for a change of accommodation for justifiable reasons of discomfort or of

non-compatibility with one or several members of a host family chosen by Edu-inter. To request a change of accommodation, the students' natural parents must request the change in writing to the director. When the change request is made within the first week of arrival, the change is made at no additional fee. When the request is made after the first week of arrival, a Change Fee of \$100 is invoiced to students. In the event that request is made with less than 1 week's notice, an Urgent Change Fee of \$200 CAD is invoiced to the student. In both cases, students are responsible for the costs of moving from one place of accommodation to another.

Afternoon Program or Excursion Changes

Students wish to modify their afternoon program or excursions after their arrival in Quebec must ask their parents to send a written request to the director. When the request is made one week or more before the change, a Change Fee of \$100 is invoiced to students. If the change is requested in less than one week's notice, an Urgent Change Fee of \$200 is invoiced to the student. Students must also pay any difference in price for the new option of their choice.

Airport Pickup

Unaccompanied minors must request the transfer service to and from their point of arrival. If on arrival day, the flight is cancelled or modified and the arrival time planned changes, students are responsible for communicating this change as soon as possible by calling the emergency number of Edu-inter. By doing so, students make sure that Edu-inter makes the necessary modifications. Should Edu-inter not be notified, the representative of Edu-inter is not under obligation to wait for students or to return to the airport; students must then go to their accommodation by their own means.

Payment Due

Payment of the invoice must be settled in its entirety 14 days prior to the beginning of the French immersion program at Edu-inter.

Course Attendance

Unauthorized absences are registered in the students' file. Attendance to classes and camp is mandatory for all students, except for justified medical reasons. The course completion certificate is only handed to students who attended 100% of the classes.

Dispute Resolution

If students have a complaint regarding the courses, another student, a professor or another staff member, the director must be informed. The director will discuss the complaint with the student in order to find a suitable solution.

Credit Card Payments

An additional 3% will be charged to all payments done with credit card.

REFUND POLICIES

To receive a refund on any component of your program, you must give Edu-inter written notice that you intend to withdraw from the program in which you have enrolled. Edu-inter will retain the sum of administrative fees of \$400 and the difference will be refunded. If you are eligible for a refund under any of the conditions described below, you will receive the refund within 30 days of Edu-inter receiving written notice of cancellation or Edu-inter's dismissal notice to you.

Non-refundable fees

The administrative fee of \$400 CAD is non refundable.

Photography course fees are non-refundable if cancelled at any time after registration.

Program fees

All fees are detailed on the invoice. If you cancel in writing before your arrival, you will be refunded the following percentage of your invoice:

- 30 days or more before the program start date: 80% of the total fees
- Less than 30 days before the program start date: 60% of the total fees

If you cancel in writing or are dismissed from Edu-inter after your arrival, you will be refunded the following percentage of your tuition fees:

- Less than 10% of program completed: 40% of total fees
- 10-30% of program completed: 20% of total fees
- More than 30% of program completed: 0% (no refund)

Note: After arrival, cancellation of isolated elements of the program is not allowed with the exception of departure transfer service (drop off).

DISCLAIMER

Edu-inter reserves the right to change start dates, programs, and course curriculum at any time without notice. The fees, dates and conditions listed in our brochure are subject to change at any time without prior notice. Edu-inter accepts no responsibility whatsoever for any loss or damage to the personal belongings or property of a student participant or for any injury to or death of a student or program participant occurring on or off school property.

Medical Form

First Name: _____

Last Name: _____

Emergency contact:

1. Full name: _____

Phone: _____ Relationship with the student: _____

2. Full name: _____

Phone: _____ Relationship with the student: _____

Indicate if your child suffers from any of the following condition (specify):

☐ Asthma: _____

☐ Epilepsy: _____

☐ Cardiac diseases: _____

☐ Diabetes: _____

☐ Auditory problems: _____

☐ Visual problems: _____

☐ Intellectual problems: _____

☐ Physical problems: _____

☐ Others: _____

Allergies and food intolerance: _____

☐ Foods: _____

☐ Others: _____

☐ Type of reaction: _____

Does your child have a deadly allergy?

☐ Yes ☐ No If yes, specify: _____

If he or she does, does your child carry an epipen?

☐ Yes ☐ No If yes, specify: _____

Does your child take medications?

☐ Yes ☐ No If yes, specify: _____

755 Grande Allée Ouest
Québec (Québec)
G1C 1C1



Tel: +1 (514) 613-0102
Fax: (514) 807-4172
info@edu-inter.net
www.learnfrenchinquebec.com

Does your child wear glasses or contact lenses?

☐ Yes ☐ No

Does your child have problems of behaviour?

☐ Yes ☐ No

Does your child know how to swim?

☐ Yes ☐ No

Does your child need to wear floaters in the water?

☐ Yes ☐ No

Does your child need to wear ear plugs?

☐ Yes ☐ No

Does your child prefer not doing certain activities?

☐ Yes ☐ No If yes, specify: _____

Please describe your child, including likes and dislikes:

Other elements that you would like us to know about your child:

Paternal Authorization

1. I recognize to have knowledge of the inscription modality of the center and compromise to respect it. I recognize to have knowledge of the refund politics.
2. I authorize Edu-Inter and its staff to provide all necessary care needed by my child. In the event that Edu-Inter and its staff deem necessary, I authorize my child's transportation, in an ambulance or otherwise, to a hospital. If it is impossible to contact the parents in case of emergency, I authorize the doctor chosen by Edu-Inter and its staff to proceed with all medical interventions and procedures deemed necessary according to the child's condition, including the purchases of prescription medicine at the expense of the parents.
3. I authorize the administration, in case of need, of the dose of adrenaline foreseen by a prescription.
4. I authorize Edu-Inter and its staff to give the following medicines without prescription, according to the needs of my child:
 - ☐ Acetaminophen (Tylenol)
 - ☐ Ibuprofen (Advil)
 - ☐ Calamine
 - ☐ Anti-Histamine (Benadryl)
 - ☐ Antiemetic (Gravol)
 - ☐ Antibiotic creme (Polysporin)
5. I authorize Edu-inter to use photos and/or videos of my child for promotional or advertising use. All collected material will remain property of Edu-Inter.

Parent's Signature _____

Date _____

Child's Signature _____

Date _____